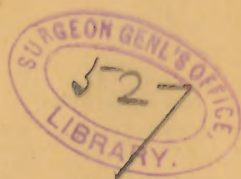


BISHOP (L.F.)

paroxysmal hemo-
globinuria due to cold.



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**PAROXYSMAL HEMOGLOBINURIA DUE
TO COLD.¹**

BY LOUIS FAUGÈRES BISHOP, M.A., M.D.

My patient was a male, fifty-five years old, a native of Denmark, a sailor, whose father died of apoplexy and mother by accident. One brother died of pulmonary tuberculosis, one sister died of inflammation of the bowels, and two sisters are living. The man had smallpox in 1871, yellow fever in 1854, malarial fever in Savannah in 1860, but in all cases made good recoveries. About twelve years ago, after exposure to extreme cold for a long time, he passed blood-colored urine, with a stinging sensation along the urethra. Since then, whenever he is exposed so as to get his hands and feet cold, the blood-colored urine has reappeared. During the winter he has suffered severely on account of the severity of the weather. During warm weather he has never had an attack. During the past four weeks there have been ten or eleven attacks. When the attack comes on there is a very urgent desire to urinate, and urine is passed in spite of efforts to retain it. This happens as long as the urine is very dark, but when it becomes clearer the desire is not so urgent. He has had severe attacks of pain in the back for eight or nine years. When the urine contains blood-pigment the amount is diminished.

There are no signs of cystitis or of stricture. In summer, when he is free from the ordinary attacks, he is

¹ Read before the New York County Medical Association, February 18, 1895.



troubled with attacks of cerebral symptoms at night, during which he rises from sleep, frightened, and imagines that there is someone going to put him in a barrel, etc. He drinks bitters, and about five or six glasses of beer daily, occasionally a little whiskey. In 1859 he was exposed in a wreck, at which time a companion was frozen to death. He served in the army during the war, and was much exposed. He attributes his disease to exposure. He can produce an attack artificially at any time by voluntary exposure to cold. An examination of the urine between the attacks was negative; during the attacks a small amount of albumin was present, and it contained much blood-pigment, but very few blood-cells; there was a deposit of a very heavy brownish sediment. It seems very probable that this man's idea of the cause of his disease, namely, exposure, is the true one.

The recurrence of cerebral symptoms replacing the attacks of hemoglobinuria is curious. Dr. William Osler mentions a case in which epileptic seizures occurred at the same time as attacks of hemoglobinuria; here we have cerebral symptoms occurring at the times when the attacks are absent. In this case there is nothing to suggest Raynaud's disease, which has frequently been associated with this condition. The sufferings of this man are great, and as there did not seem to be any way of influencing his condition by medication he was advised to take up a permanent residence in a warm climate, but it would be disastrous should the cerebral symptoms become more frequent in the absence of the attacks of hemoglobinuria.

36 WEST THIRTY-FIFTH STREET.

